

Application for Employment

Ted Berry Co. Inc.

An Equal Opportunity Employer

Employment decisions are made without regard to race, color, religion, sex, age, sexual orientation, ancestry, national origin, physical or mental disability, veteran status, or any other characteristic protected by law.

Date _____

Name _____

Address _____

City, State, Zip Code _____

Telephone _____ E-Mail: _____

For which position are you applying? _____

Do you have the full physical, mental and medical ability to do the job for which you have applied, with or without reasonable accommodation? Yes No

Are you eligible to be lawfully employed in the United States? Yes No (Proof of citizenship or immigration status will be required upon employment.)

Have you been previously employed by Ted Berry Co. Inc.? Yes No

If yes, please list former dates of employment _____

What experience do you have that qualifies you for the job for which you have applied?

GENERAL BACKGROUND INFORMATION

Do you have a valid motor vehicle license? Yes No

Motor Vehicle License # _____ Class: _____ Issuing State: _____

Has your right to operate a motor vehicle in any state ever been suspended or revoked? Yes No

If "Yes", please explain below, including approximate date(s).

Have you ever been convicted of or pleaded no contest to a crime which has not been annulled by a court? (*Answering "Yes" to this question will not necessarily disqualify an applicant from employment.*)
 Yes No If "Yes", please list approximate date, nature of offense, location, status, and penalty.

Is there a criminal action currently pending against you? (*Answering "Yes" to this question will not necessarily disqualify an applicant from employment.*) Yes No

If "Yes", please list approximate date, nature of offense, location and status.

EDUCATIONAL BACKGROUND

High School _____

NAME	LOCATION	DIPLOMA OR GED
------	----------	----------------

College _____

NAME OF COLLEGE/UNIVERSITY	LOCATION	NUMBER OF CREDITS / DEGREE AWARDED
----------------------------	----------	------------------------------------

Post Graduate _____

NAME OF COLLEGE/UNIVERSITY	LOCATION	NUMBER OF CREDITS / DEGREE AWARDED
----------------------------	----------	------------------------------------

Other specialized training, education or experience relevant to position(s) applied for:

|

EMPLOYMENT HISTORY

Beginning with your current or most recent position, and going back at least ten years, list all employment held. Please complete requested employment information in its entirety. You may submit a resume to accompany this application. However, please do not write "see resume" in lieu of providing requested information. Include any work performed on a volunteer basis, time spent in military service, or full time education. Additional sheets of paper may be used as necessary.

Employer's Name: _____

Mailing Address: _____

Telephone: _____ Dates of Employment (Mo/Yr) From: _____ To: _____

Job Title: _____ Ending Pay Rate: _____

Other Compensation Provided: _____

Brief description of your duties and responsibilities:

Name & Job Title of Immediate Supervisor: _____

Reason for leaving: _____ Voluntary Involuntary

Employer's Name: _____

Mailing Address: _____

Telephone: _____ Dates of Employment (Mo/Yr) From: _____ To: _____

Job Title: _____ Ending Pay Rate: _____

Other Compensation Provided: _____

Brief description of your duties and responsibilities:

Name & Job Title of Immediate Supervisor: _____

Reason for leaving: _____ Voluntary Involuntary

Employer's Name: _____

Mailing Address: _____

Telephone: _____ Dates of Employment (Mo/Yr) From: _____ To: _____

Job Title: _____ Ending Pay Rate: _____

Other Compensation Provided: _____

Brief description of your duties and responsibilities:

Name & Job Title of Immediate Supervisor: _____

Reason for leaving: _____ Voluntary Involuntary

Employer's Name: _____

Mailing Address: _____

Telephone: _____ Dates of Employment (Mo/Yr) From: _____ To: _____

Job Title: _____ Ending Pay Rate: _____

Other Compensation Provided: _____

Brief description of your duties and responsibilities:

Name & Job Title of Immediate Supervisor: _____

Reason for leaving: _____ Voluntary Involuntary

Certification

As an applicant for employment with Ted Berry Co., Inc., I certify that the information contained in this application is correct and that I have not omitted any information. I understand that falsification or omission of information may result in the rejection of my application, or if employment commences, immediate dismissal.

I authorize Ted Berry Co., Inc. to contact former employers and educational organizations regarding my employment and education. I authorize all schools, references, employers and any other person to provide my complete record, reason for leaving, and all other information they may have concerning me including my personal character, habits, and employment records. I hereby release all such persons from any and all liability or claims for damage whatsoever that may result from responding to any inquiry or furnishing any information.

I understand that nothing contained in this application or in the granting of an interview creates a contract between Ted Berry Co., Inc. and me for either employment or for the providing of any benefits. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon Ted Berry Co., Inc. unless made in writing by the President, Ted Berry Co., Inc. If an employment relationship is established, I acknowledge that no consideration has been furnished to Ted Berry Co., Inc. for my employment other than my services.

I agree and acknowledge that my employment can be terminated, with or without cause or notice, at any time by Ted Berry Co., Inc. or myself. I further agree and acknowledge that no representative other than the President, Ted Berry Co., Inc. has the authority to make any oral or written agreements for employment for a specified time or for specific conditions of my employment. I further agree and acknowledge that any agreement for employment for a specified period of time or specific conditions of my employment must be in writing and signed by the President, Ted Berry Co., Inc. and me.

I understand that if I am selected for employment I will be required to verify, within three days of my date of hire, my identity and eligibility to work as required under the Immigration Reform and Control Act of 1986. I understand that this requirement applies to all new employees including U.S. citizens, permanent residents and non-immigrants.

I acknowledge that I have been informed that a routine pre-employment physical exam to be conducted by a health facility, medical clinic or physician selected and paid for by Ted Berry Co., Inc. is required following an offer of employment. Any medical problems identified during the physical exam that are directly related to the ability to perform assigned duties may result in the withdrawal of a previously extended job offer, or dismissal if already employed.

I acknowledge that I have been informed that a pre-employment urinalysis, or other medical examination for controlled substances and drugs, to be conducted by a health facility, medical or testing clinic or laboratory or physician selected and paid for by Ted Berry Co., Inc. is required following an offer of employment. I agree to submit to such examination or tests and hereby authorize the release and disclosure of the result to Ted Berry Co., Inc. I further acknowledge that any test results which show the presence of a controlled substance, without a medically acceptable prescription, or illegal drug will result in the withdrawal of a previously extended job offer, or dismissal if already employed.

I agree to sign any documents that may be necessary to permit such release of and disclosure to Ted Berry Co., Inc. of any medical examination or medical tests for controlled substances or drug abuse. I further agree that if employed, I will be subject to the terms of the Ted Berry Co., Inc. substance abuse policy.

My signature attests that I have carefully read and understand the information contained in this certification. I further declare and certify that the entries set forth on this application and on other documents provided by me to Ted Berry Co. Inc. are true and accurate.

Applicant Name: _____

Signature: _____ Date: _____